

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: CHINN, RICHARD HARRISON

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: RETIRED GENERAL PRACTITIONER

This statement (consisting of 7 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: Richard H CHINN

Date: 30/01/2006

I am Dr Richard Harrison CHINN, and I live at an address known to Hampshire Police.

I am a retired GP but working as a Locum GP at the Homewell Practice at Havant Health Centre for four sessions a week and one surgery a week at Somerstown Health Centre Portsmouth.

I qualified at Glasgow University in 1966 as an MB, ChB (Bachelor of Medicine and Bachelor of Surgery) and I gained the higher qualification of MRCP (UK) (Member of the Royal College of Physicians) in 1970.

Between August 1966 and January 1967 I was employed as House Officer in General Surgery at Southern General Hospital, Glasgow.

Between January 1967 and June 1967 I was employed as a House Officer in General Medicine at Glasgow Royal Infirmary.

Between July 1967 and April 1972 I was employed as an SHO and Clinical Scientist in the MRC (Medical Research Council) Blood Pressure Unit at the Western Infirmary Glasgow.

Between April 1972 and August 1974 I was Lecturer in Medicine at Southampton University and honorary Senior Registrar, based at St Mary's Hospital in Portsmouth.

Between August 1974 and July 1975 I was trainee General Practitioner at Dr FAWKNER-

Signed: Richard H CHINN
2004(1)

Signature Witnessed by: D WILLIAMSON

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CORBETT and Partners, in West Street Havant.

In August 1975 I became a Partner in Dr FAWKNER - CORBETT and Partners Practice, first at West Street Havant then at Suite B Havant Health Centre, when the practice was known as Dr MJ CORBIN and Partners.

I retired from General Practice in August 2003.

I have been asked to detail my involvement in the care and treatment of Geoffrey PACKMAN . I recall this patient of mine well, partly because of his size. I have been shown a photograph of him which was taken when he was much thinner than I remember. When I last saw him he was at least 22 stone in weight, but I understand that he became heavier than that just prior to him being admitted to Hospital in 1999. From referral to a copy of my patient notes (Exhibit reference RHC/GP/1) and the medical notes (Exhibit reference BJC/34) I can state that I was this person's GP and I am aware that on 6/8/99 following a visit from Angie BARNETT, District Nurse to Mr PACKMAN, and a subsequent telephone call to Anne BALIEFF our Nurse Practitioner who conferred with me, a decision was made, that because of Mr PACKMAN's condition i.e. that he was immobile due to obesity, and stuck on the toilet, an ambulance should be called. As I understand it an ambulance crew attended and he was taken to A&E at the Queen Alexandra Hospital Cosham and later to Anne Ward in the same hospital.

I did not see Mr PACKMAN at that Hospital, nor at the Gosport War Memorial Hospital where he was discharged to on 23/8/99.

I was surprised to hear that he had gone to the GWMH because most of my patients usually were discharged to their homes or to either Havant War Memorial Hospital or Emsworth Cottage Hospital where I was able to see and look after them easily. I no longer look after patients at home or in the cottage hospitals. I do not know the reason for Mr PACKMAN's move to Gosport.

I last saw Geoffrey PACKMAN in July 1999 at my surgery in Suite B Havant Health Centre

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when I checked his blood pressure.

He suffered from, Hypertension, Obesity, Immobility, Cellulitis of the legs and Atrial Fibrillation.

Hypertension is High Blood Pressure.

Cellulitis is an infection of the subcutaneous tissues which results in inflammation, erythema (redness) and sometimes severe swelling.

Atrial fibrillation is an abnormal heart rhythm.

On pages 6 and 8 of the notes is a referral letter to Mr Stephen CHIVERTON a Urology Consultant at St Mary's Hospital Portsmouth.

The letter says:

Dear Steve, Thank you for seeing this 67 year old man who came to see me at the end of April complaining of frequency and nocturia. An MSU was -ve and rectal examination was virtually impossible because of his huge size and inability to lay properly on his side, but I could find nothing obvious. However, his PSA is slightly raised at 5 and I would appreciate your opinion and advice.

Other investigations were normal, including his U&Es, but his random blood sugar was slightly raised at 6.5 and he is having a GTT.

As I said he is grossly obese, hypertensive and with leg ulcer problems"

Kind regards

Yours sincerely

Richard

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Dr RH CHINN

_ve means - A urine test for infection was negative.

A slightly raised PSA at 5 means - It might be a benign enlargement of the prostate or possibly an early indication of cancer.

Pages 32 and 34 of the medical notes are both parts of a referral letter from me dated 13/5/99 regarding an urgent referral of Mr PACKMAN to Dr KEOHANE , a Dermatology Consultant at St Mary's Hospital Portsmouth.

The letter states;

Dear Dr KEOHANE

Thank you for seeing this 67 year old man who has been attending our district nurses leg ulcer clinic for many months. He is grossly overweight and has hugely oedematous legs which make things very difficult. However, in the last few days the district nurse drew my attention to a large granulomatus raised area on the back of his ® calf which is about 2.5 in diameter.

I am not at all sure what this represents although it looks fairly unpleasant to me and I would appreciate your urgent opinion and advice.

The district nurses tell me that they are not getting anywhere with his ulcers either and would appreciate some input from yourself.

Kind regards

Yours sincerely,

Richard CHINN

Dr DH CHINN

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Granulomatous is - A nodular area of inflammatory tissue

Oedematous is - Swelling of soft tissue caused by fluid

His Current Repeat Medication is listed as;

Bendroflumethiazide tablets 5mg. Dose, 1 tablet daily

His Current Acute Medication is listed as;

Felodipine modified release tablet 5mg. Dose I OD

Doxazosin tablets 2mg. Dose 1 OD

I have signed this letter.

Bendroflumethiazide, Felodipine and Doxazosin are drugs used in the treatment of High blood pressure.

I also prescribed Metronidazole 400mg. Dose 1TDS

OD means once daily.

TDS means three times a day.

Metronidazole is an antibiotic used in the treatment of leg ulcers.

Pages 6 and 8 of the medical notes are both parts of a referral letter from me dated 10/6/99 regarding a referral of Mr PACKMAN to Mr Steve CHIVERTON a Consultant in Urology at St Mary's Hospital Portsmouth. His current repeat medication is listed as;

Felodipine modified release tablet 5mg. Dose 1 OD

Doxazosin tablets 4mg. Dose 1 OD

Bendrofluazide tablets 5mgs. I Tab Daily.

In the letter I state that his PSA is slightly raised at 5. This means his Prostate Specific Antigen,

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which is a blood test to detect Prostate cancer in men.

His blood sugar was slightly raised at 6.5 which suggested the possibility of diabetes mellitus.

He was also to have a GTT, which is a Glucose Tolerance Test. This showed that he was not in fact diabetic.

Frequency means - Passing urine with more frequency than normal

Nocturia means - Getting up at night to pass urine

I have to say that his prognosis was not good, in that he was a 67 year old man who was grossly overweight, increasingly immobile and who suffered from high blood pressure and heart disease (atrial fibrillation).

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